

| POSITION                         | INITIALS | ID NO. | DATE   |
|----------------------------------|----------|--------|--------|
| <b>FEE DETERMINATION</b>         |          |        |        |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 49     | 3/1/01 |
| <b>FORMALITY REVIEW</b>          | int      | 574    | 3/1/01 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |        |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    | 2/22/01 |
| Original |         |
| 1 ✓      |         |
| 2 ✓      |         |
| 3 ✓      |         |
| 4 ✓      |         |
| 5 ✓      |         |
| 6 ✓      |         |
| 7 ✓      |         |
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| 48 ✓     |         |
| 49 ✓     |         |
| 50 ✓     |         |

| Claim    | Date |
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| Final    |      |
| Original |      |
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| 100 ✓    |      |

| Claim    | Date |
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| Final    |      |
| Original |      |
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| 147 ✓    |      |
| 148 ✓    |      |
| 149 ✓    |      |
| 150 ✓    |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy